

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Daniel</i>		<i>06-19-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AK</i>	<i>931</i>	<i>07/25/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*831*  
*07/25*